

TOBACCO CESSATION FOR THE MEDICAL TEAM



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Smoking

- Lose six minutes per cigarette
- 430,000 die annually from smoking related illness and disease
- More deaths from smoking than alcohol, AIDS, drugs, suicide, homicide and accidents



*Everyday in the U.S.,
nearly 5,000 people who
smoke either quit or die*

-Journal of Pediatrics, April 1997, p.518



Tobacco Use Impacts Mission Readiness

- **Decreased Night Vision**
- **Increased Injuries**
- **Lost Work Time**
- **Decreased Fitness**
- **Quality of Life Issues**



Smoking Rates

Marine Corps

34.9%

Navy

30.6%



*1998 DoD Survey of Health Related Behaviors

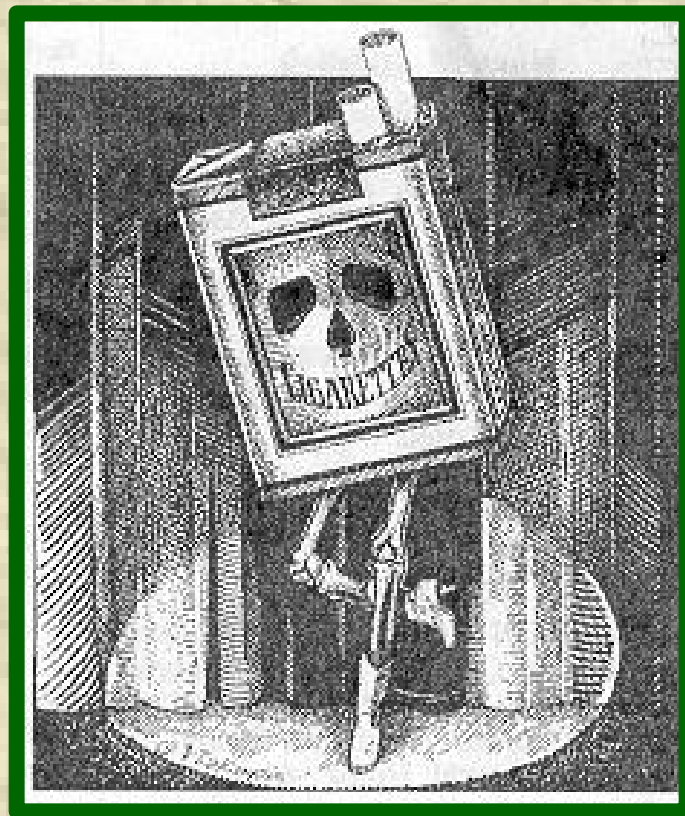
Heavy Smoking Rates

Navy

14.8%

Marine Corps

13.5%



Cigars and Pipes

	<u>1995</u>	<u>1998</u>
Marine Corps	28.4%	42%
Navy	17.1%	31.3%



Smokeless Tobacco

Marine Corps **19.1%**

Men (18-24) **22.4%**

Men (25-34) **21.9%**

Navy **9.2%**

Men (18-24) **18.1%**



Why Quitting is Difficult

- Nicotine is addicting
- Habit
- Psychological reasons
- Military Influences



Drawbacks of Quitting

- Withdrawal symptoms
- Experience cravings and urges to smoke
- Weight Gain
- Change



What Can Medical Do?

- **Help your patients quit using tobacco!**
- **Individual Approach**
- **Systems Approach**
 - **Public Health Model**
 - **Primary Prevention**
 - **Secondary Prevention**
 - **Tertiary Prevention**

Systems Approach

- **Create an optimal, fun, and proactive environment for addressing nicotine dependence**
- **Develop a Team and Clinic approach**
- **Select a Clinic Tobacco Cessation Coordinator**
- **Staff training and buy in**

Systems Application

- Primary Care
- Acute Care
- Physical Exams
- Specialty Treatment
- PRT Screenings
- PPIP (Put Prevention
Into Practice)
- Other



Effective Tobacco Cessation Interventions*

- Involves physicians and non-physicians.
- Uses more than one modality to motivate behavior change.
- Uses face to face contact.
- Individualizes efforts.
- Provides motivational messages on multiple occasions over time.

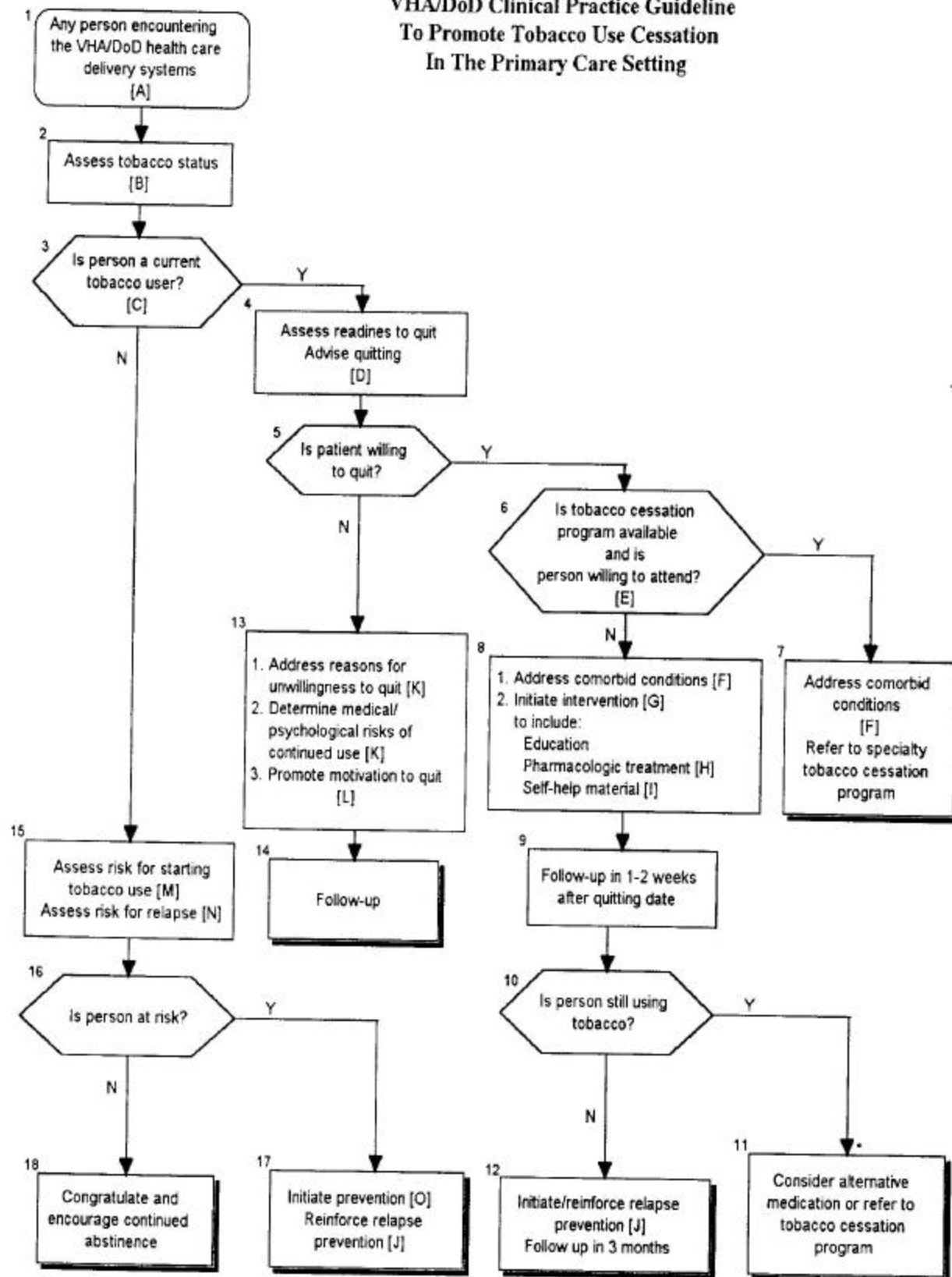
*Kottle, T.E., et al JAMA. 1988; 259(19):2883-2889

AHCPR Guidelines

- ***Anticipate*** potential use and users
- ***Ask*** about tobacco at every opportunity
- ***Advise*** to quit
- ***Assist*** in stopping
- ***Arrange*** for follow-up

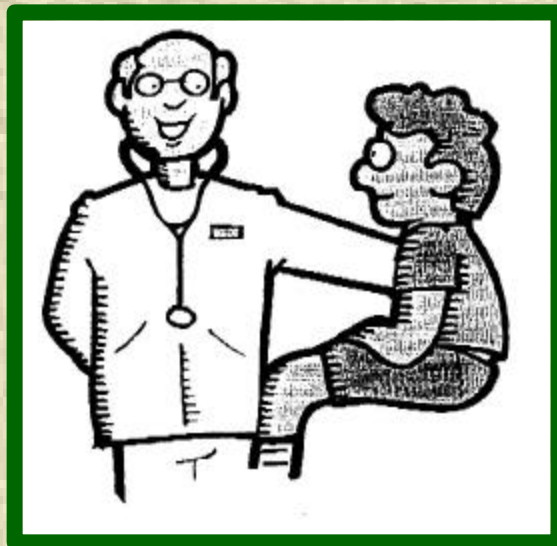


VHA/DoD Clinical Practice Guideline To Promote Tobacco Use Cessation In The Primary Care Setting



Anticipate

- Tobacco Users
- Children
- Adolescents
- Adults



Ask

- Treat tobacco status as “5th vital sign”
- At every encounter, each member of medical team (corpsmen, clerk, nurse, physician) asks about tobacco usage
 - Do you smoke?
 - Do you use smokeless tobacco?
 - How much?



Assess

- **Determine readiness to change and motivation to quit**
- **Assess level of nicotine dependence**



Assess

- Is the patient resistant to change?
- Is the individual ambivalent about quitting?
- Is he/she preparing to stop?
- Is the person in the process of quitting?
- Has the patient relapsed?

Counseling Principles*

- Understand where patient is . . .**
- Positive attitude**
- Acknowledge, affirm and validate**
- Facilitate change**
- Agree on goals**

***Adopted from
Steve Taylor, DHSc, and Terry Rustin, M.D.**

Advise

- **Provide information**
- **Discuss pro's and con's of stopping**
- **Encourage person to quit using tobacco!**

